

FOLLOW UP
FINDINGS: WAVE 2



DISABILITY SUPPORT WORKERS: THE FORGOTTEN WORKFORCE IN COVID-19

RESEARCH REPORT
DISABILITY AND HEALTH UNIT

MARCH 2021



DISABILITY SUPPORT WORKERS: THE FORGOTTEN WORKFORCE IN COVID-19 | FOLLOW UP FINDINGS

About this report

Between May and June 2020, at the peak of the COVID-19 outbreak in Australia, researchers from the University of Melbourne and UNSW Canberra, conducted an online survey of over 300 disability support workers (DSWs) about working during the pandemic.

This report presents the findings of the second survey of disability support workers conducted in September and October 2020.

Acknowledgements

This work was funded by the Melbourne Disability Institute's COVID-19 funding round at the University of Melbourne. We thank the DSWs who participated in the survey for generously giving their time and sharing their insights.

Suggested citation

Kavanagh A, Dimov S, Shields M, McAllister A, Dickinson H, Kavanagh M. (2021). *Disability support workers: Follow up findings from the forgotten workforce in COVID-19. Research Report*. Melbourne: The University of Melbourne. <https://doi.org/10.26188/14331344.v3>

Published March 2021

ISBN 978 0 7340 5632 0

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BACKGROUND

The first survey

In May to June 2020, researchers from the University of Melbourne and University of New South Wales, Canberra conducted an online survey of over 300 DSWs from across Australia to ask about their experiences during the pandemic. Our findings from that survey were outlined in the report ‘Disability Support Workers: The Forgotten Workforce in COVID-19’. That report found that many DSWs had not received infection control training and were at risk of contracting and transmitting SARS-CoV-2 because they were providing support to multiple different people across a variety of settings over the course of their week. High levels of financial and psychological stress were also reported. We made 11 recommendations based on the survey findings including: updated guidelines regarding the use of PPE, improvements in training in relation to infection control and use of Personal Protective Equipment (PPE), prioritisation for testing of DSWs, paid pandemic leave, reductions in worker mobility across settings, and financial and mental health support for DSWs.

The report’s findings directly informed the recommendations of the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* following their special hearing on COVID-19 where Professor Kavanagh was an [expert witness](#). The Commission recommended that DSWs should be a priority group for testing and for access to PPE. They also recognised the importance of paid pandemic leave if workers had to quarantine or self-isolate.

The Australian COVID-19 situation since June 2020

At the time of publication there are very low levels of community transmission across Australia, however in late June 2020 infections in Victoria started to rise as a result of breaches in the quarantine of returned travellers in hotels and delays in contact tracing. The Victorian second wave ran until October 2020 and was predominantly locally acquired. Victoria saw outbreaks in congregate and crowded settings such as aged care, disability group homes, supported residential facilities and high-rise public housing estates, with significant levels of infection among healthcare workers as well as aged-care

and DSWs¹. We still do not know the exact number of residents and workers who were infected with SARS-CoV-2 nor how those infections were transmitted. In response to the second wave and outbreaks in group homes the Victorian government introduced a number of measures, many of which we recommended based on the first report. This included directly reaching out to disability residential services to ensure they were prepared, restrictions on worker mobility and paid pandemic leave.

[Newspaper articles](#) reported the challenges managing outbreaks in group homes in Victoria. Therefore, we conducted a follow up survey to examine issues emerging from the second wave in Victoria. First, we conducted interviews with Chief Executive Officers, Managers, Team Leaders and DSWs who worked in group homes during the second wave in Victoria. Second, we conducted a follow-up survey with DSWs recruited in May to June 2020. This report is focussed on the follow-up survey. A separate report from the interviews will also be published soon.

The second survey

Between September and October 2020, 170 DSWs from around Australia participated in the follow-up survey out of the original 357 DSWs who participated in the first survey. This is a 48% retention rate. The respondents had a similar distribution of age and gender.

We asked participants questions about their work since July 2020 using the same questions as the first survey. This included questions about physical distancing, infection control training, PPE, testing, number of people DSWs supported and the number of settings they worked in, and financial and psychological stress. We included new questions regarding DSWs’ confidence with infection control, PPE and in supporting a person with disability who had SARS-CoV-2. We also asked questions to ascertain their knowledge of SARS-CoV-2 and actions they took to prevent them transmitting or being infected with SARS-CoV-2.

1. Smith P. Covid-19 in Australia: most infected health workers in Victoria’s second wave acquired virus at work. *BMJ*. 2020 Aug 27;370:m3350. doi: 10.1136/bmj.m3350.

WORK SETTINGS

In this report we compare findings from Wave 1 and 2 and include responses from the additional questions. We also compare findings between DSWs living in Victoria (n=92, 54%) with those of the rest of Australia (n=78, 46%).

Of the 170 respondents to the second survey, 162 were still working as support workers.

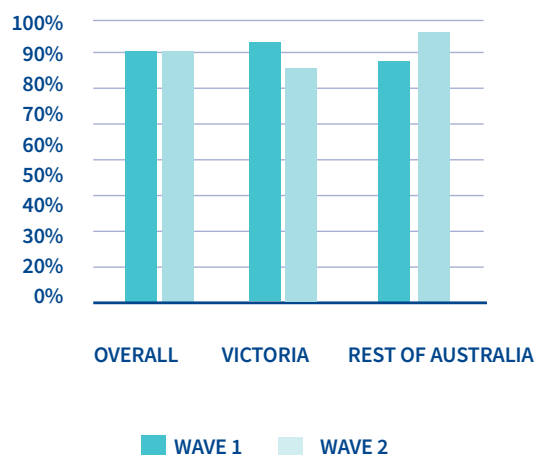
In terms of risk of exposure and transmission of COVID-19 at work, the responses were almost identical to the first wave of the survey. The large majority of workers were unable to physically distance, more than half were working in disability residential settings and less than 10% were working as both DSWs and aged care workers.

The number of people with disability that DSWs supported was similar in both waves (median = 5 at wave 1 and median = 4.5 at wave 2).

Participants were asked if any of the people they support have difficulties with physical distancing. Participants indicated this was the case for a variety of reasons:

- 61% due to clients requiring additional support (such as support with eating)
- 65% due to behavioural issues (such as sensory issues in relation to touching)
- 85% due to difficulties with understanding the importance of physical distancing

FIGURE 1. WORKERS WHO COULD NOT PHYSICALLY DISTANCE AT WORK



Participants were also asked if any of the people they support have difficulties with personal hygiene (such as handwashing, coughing or sneezing into tissues/elbow). DSWs reported that their clients had difficulties with personal hygiene for the following reasons:

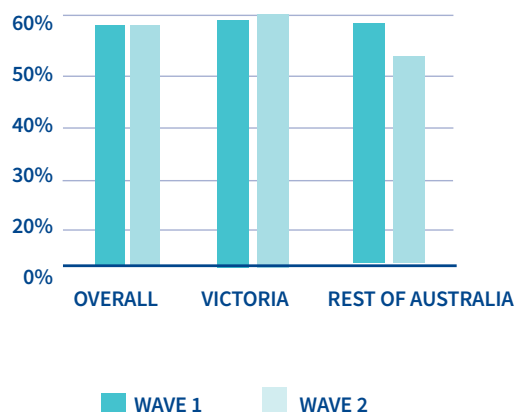
- 58% due to behavioural issues
- 58% due to barriers to implementing basic hygiene measures
- 82% due to difficulties understanding personal hygiene

In the week prior to completing the survey, nearly 60% of DSWs worked in at least one group home. More DSWs worked in at least two group homes per week (20%) compared with the rest of Australia (12%).

Among the wave 2 participants, there were some differences between Victoria and the rest of Australia:

- 60% of Victorian DSWs had worked in group residences in the previous week compared to 52% of workers from the rest of Australia
- 8% of Victorian DSWs had worked in centre programs in the previous week compared to 29% of workers from the rest of Australia.

FIGURE 2. WORKED IN AT LEAST ONE GROUP HOME PER WEEK



Note: These proportions are related to those working in group homes and not congregate settings in general.

SYMPTOMS AND TESTING

COVID-19 symptoms and testing

33% of DSWs had symptoms of COVID-19 with 81% of those taking time off work.

Across Australia, of those who needed to take time off work:

- 51% were paid by their employer
- 10% received paid pandemic leave from the government

42% of DSWs had been tested for COVID-19, and fewer than 2% had tested positive, since the last survey in June 2020.

9% had wanted to be tested for COVID-19 since the last survey (June 2020) but were unable to due to not meeting the criteria, not having symptoms, and not wanting to lose shifts.

“Results take too long. I don’t want to jeopardise my partner’s work. I am in huge debt and need to work.”

DSW survey participant

Participants in Victoria compared with all Australians showed some slight differences with regards to exposure to COVID-19.

Recommendation 1: States and Territory governments should pay DSWs pandemic leave if they need to take time off work because they are sick.

KNOWLEDGE AND CONFIDENCE ABOUT COVID-19

Health literacy and knowledge about COVID-19

We were interested in the health literacy of this group. Overall 12% of DSWs reported that they *sometimes or often* had difficulty learning about medical conditions because of difficulty understanding written information and 13% reported they had difficulty *occasionally*.

77% of DSWs overall reported using a mask when assisting people in their day to day work. 98% reported using a mask in their day to day work in Victoria compared with 52% in the rest of Australia.

Participants were also asked whether four statements about COVID-19 were true or false.

The proportion of DSWs who CORRECTLY responded to facts about COVID-19:

- 100% were correct in saying that 'COVID-19 can be spread by people who don't show symptoms' is TRUE
- 83% were correct in saying that 'COVID-19 is more infectious than the flu' is TRUE
- 77% were correct in saying the that the statement 'COVID-19 was created in a lab' was FALSE
- 98% were correct in saying the that the statement 'only elderly people die from COVID-19' was FALSE

While most DSWs had good knowledge of COVID-19 it is concerning that 23% thought that COVID-19 was created in a lab and 17% did not agree that COVID-19 was more infectious than the flu. The source of the original infection with SARS-CoV-2 (the virus that causes COVID-19) is not yet known but it is unlikely that it came from a lab.

Participants were asked whether shortness of breath, a cough, sore throat and fever were symptoms.

- 69% correctly identified all four as symptoms of COVID
- 90% correctly identified fever

- 88% correctly identified cough
- 86% correctly identified shortness of breath
- 82% correctly identified sore throat

Nearly a third of DSWs did not identify all four as symptoms of COVID-19.

Governments need to provide adequate information to DSWs to ensure DSWs have the appropriate information regarding the symptoms of COVID-19.

Confidence dealing with COVID-19

At the time of the second survey, there was an even split between participants in terms of their confidence in dealing with COVID-19.

- 51% of Disability Support Workers reported feeling confident that they are able to protect themselves and their clients from COVID-19
- 49% felt somewhat confident, not confident or not at all confident

A majority of participants felt confident with being able to use PPE correctly if they were to support a COVID-19 positive client:

- 72% reported feeling very confident or confident that they are able to use PPE correctly
- 28% felt somewhat confident, not confident or not at all confident.

Recommendation 2:

That DSWs are given more information about COVID-19 symptoms. This information should be available in plain English and in a variety of formats (e.g. written, visual) so that it is accessible to workers with a range of health literacy needs.

INFECTION CONTROL AND COVID-19

DSWs were asked whether they followed a range of different actions to prevent COVID-19. As shown in Figure 3, the proportion of DSWs engaging in COVID-preventative measures was similar across Australia.

Over 90% of DSWs used hand sanitiser, washed hands for 20 seconds and kept 1.5 meters away from others. Similarly, close to 90% coughed or sneezed into their elbows and/or cleaned and disinfected frequently-touched surfaces.

Fewer DSWs (just over 80% across Australia) avoided family or personal events. The most notable difference between the States was with regards to mask wearing, where over 80% of Victorian DSWs wore a mask in public compared with just below 70% in the rest of Australia.

Overall, the level of confidence of working with someone who is COVID-positive was low with 14% overall indicating they would be confident.

40% indicated that they would continue to work with the COVID-19 positive client but would be nervous, and 41% indicated they would not work if they had to support a COVID-positive client.

15% of Victorian DSWs knew someone in the workplace who was a COVID-19 positive client, compared with 7% of DSWs in the rest of Australia.

TABLE 1. IF A CLIENT WAS DIAGNOSED WITH COVID-19

	OVERALL	VICTORIA	REST OF AUSTRALIA
Confidently continue working with client	14%	15%	12%
Continue working with client but feel nervous or scared	40%	41%	38%
Would decide not to keep working with that client	41%	39%	44%

Furthermore, of those who indicated someone at their workplace had been diagnosed with COVID-19, 37% reported they had to self-isolate or quarantine, meaning they were unable to work.

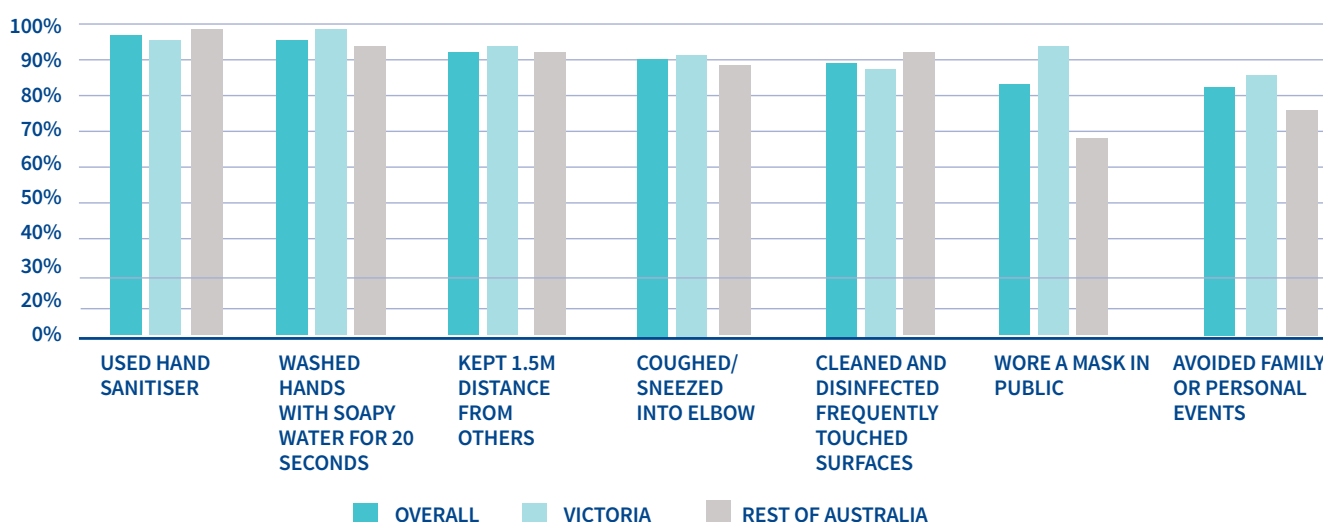
Training since June 2020

70% of DSWs indicated they had received COVID-19 related training since the first survey in June 2020. The majority of this training was conducted online (94%).

69% of DSWs had received specific training on how to correctly use PPE, which again, was predominately delivered online (93%).

Of those who reported receiving training related to the use of PPE, almost half of DSWs (49%) wanted to receive *more* PPE-related training.

FIGURE 3. COVID-19 INFECTION PRACTICE



COVID-19 INFORMATION

Sources of COVID-19 information

Most DSWs got information related to stopping the spread of COVID-19 from government bodies (82%) or their employer (81%). Fewer got information from search engines (28%), their colleagues (26%) or social media (23%). Half of the sample (51%) got information from news portals.

When asked about the sources of information they trusted the most, the top three sources were:

- Government bodies (84%)
- Employer (60%)
- News portals (27%)

When asked about the method of delivery of information, most DSWs (72%) reported email as being the best method, with websites (41%) and SMS (25%) being the next most popular preferences. Participants spent 1.4 hours a day on average, getting news about COVID-19 (range: 0-12 hours).

Recommendation 3:

To improve preparedness for COVID-19 outbreaks greater emphasis should be placed on training in the use of Personal Protective Equipment (PPE), and for this information to be shared via varied means such as email and SMS.

Feeling supported

The majority of DSWs felt supported by their employer (62%) but 38% disagreed or strongly disagreed with this statement. Fewer felt supported by the government (58% felt supported by the government).

The majority of DSWs did not feel recognised as an essential worker like other health workers in the pandemic (61%).

FINANCIAL IMPACTS

10% of DSWs were receiving JobSeeker and 14% were receiving JobKeeper.

Of those not receiving JobKeeper:

- 8% hadn't worked with the employer long enough
- 29% reported that their employer didn't qualify
- 22% reported 'Other' (e.g., receive DSP; JobSeeker paying more than JobKeeper; work support as second job)

The same proportion of Victorian DSWs received JobSeeker as DSWs from the rest of Australia (10%)

20% of Victorian DSWs received JobKeeper compared to 8% of DSWs from the rest of Australia

Participants were asked about financial difficulties they may be facing.

Since July 2020:

- 13% asked for financial help from friends or family
- 12% reported being unable to pay bills (e.g telephone)
- 10% pawned or sold something
- 8% reported being unable to pay mortgage or rent in time
- 7% asked for help from welfare or community organisations
- 6% went without meals
- 5% were unable to heat their home

25% of DSWs reported at least one financial difficulty since July 2020 and 13% reported 2 or more financial difficulties.

Overall 20% of DSWs reported a reduction in hours since June with 24% of Victorian DSWs reporting reduced hours compared to 14% of workers from elsewhere in Australia.

MENTAL HEALTH AND BURNOUT

We used the Kessler scale (K-6) to measure mental health and wellbeing. 16% of DSWs were classified as having probable serious mental illness at the time of the first survey and 14% at the second.

We used the Copenhagen Burnout Inventory² to measure three domains of 'burnout': personal (e.g., feeling tired, worn out, physically/emotionally exhausted), work-related (e.g., feeling like every working hour is tiring, having enough energy for family and friends, feeling frustrated by work) and client-related burnout (e.g., finding it hard to work with clients, feeling frustrated working with clients, feeling drained by working with clients).

At the time of the second survey:

- 40% reported moderate personal burnout and 25% reported high/severe personal burnout
- 35% reported moderate work-related burnout and 21% reported high/severe work-related burnout
- 20% reported moderate client-related burnout and 8% reported high/severe client-related burnout
- 17% reported at least moderate-related burnout on one scale, 30% on two and 24% on all three
- 19% reported at least moderate burnout on one scale at the first wave compared to 17% at the second wave
- 66% reported at least moderate burnout on at least one scale at wave 1 compared to 71% at wave 2.

Comparing Victoria with the rest of Australia at wave 2:

- 42% of Victorians reported moderate personal burnout compared with 38% of all Australians, 21% Victorians experienced high/severe and 29% of all Australians experienced high/severe
- 34% of Victorians reported moderate work-related burnout compared with 37% of all Australians. 20% Victorians experienced high/severe and 22% of all Australians experienced high/severe
- 25% of Victorians reported moderate client-related burnout compared with 15% of all Australians. 9% of Victorians compared to 7% from all other Australians experienced high/severe client-related burnout

17% of Victorians experienced at least moderate burnout on one scale compared to 16% of other Australian support workers.

23% of Victorians experienced at least moderate burnout on two scales compared to 37% for the rest of Australia, and 28% of Victorians experienced at least moderate burnout on three scales compared to 19% of disability support workers from the rest of Australia.

Recommendation 4:
That mental health supports are made available to Disability Support Workers.

2. Kristensen T. S., Borritz M., Villadsen E. & Christensen K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & Stress*, 19(3), 192–207. <https://doi.org/10.1080/02678370500297720>

CONCLUDING REMARKS

In [our first report](#), we provided a number of urgent recommendations. These related to access to PPE, training, financial security and mental health support.

Findings from this follow up survey reflect the ongoing difficulties faced by DSWs across Australia during the months of September and October 2020. Although PPE was widely distributed and accessible, a number of DSWs were still **not being provided basic PPE** through their employer or were not wearing masks in their day to day work. Furthermore, DSWs were wanting **more training related to PPE**. When asked about sources of information, DSWs reported government bodies as being their most trusted source. This reiterates our suggestion that government can be more proactive in targeting DSWs with regards to training and information related to COVID-19.

Findings here also demonstrate that DSWs continue to face **mental health challenges** and significant **personal and workplace burnout**. As the COVID-19 situation continues to evolve over the coming months globally and locally in Australia, it is imperative that mental health supports are available to DSWs.

Finally, significant findings were reported here in relation to DSWs being recognised as **essential workers**. A substantial proportion of DSWs continue to feel forgotten by government and the community in relation to their important role in delivering essential services to people with disability.

More work is needed to ensure this workforce is adequately supported in 2021.

Recommendation 1:

States and Territory governments should pay DSWs pandemic leave if they need to take time off work because they are sick.

Recommendation 2:

That DSWs are given more information about COVID-19 symptoms. This information should be available in plain English and in a variety of formats (e.g. written, visual) so that it is accessible to workers with a range of health literacy needs.

Recommendation 3:

To improve preparedness for COVID-19 outbreaks, greater emphasis should be placed on training in the use of Personal Protective Equipment (PPE), and for this information to be shared via varied means such as email and SMS.

Recommendation 4:

That mental health supports are made available to DSWs.

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